

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Conservative Action Fund

ADDRESS (number and street) ▼

203 South Union Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00496505

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dan Backer Esq.

Signature of Treasurer

Dan Backer Esq.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Conservative Action Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 03 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		3458.29
(b) Cash on Hand at Beginning of Reporting Period.....	1475.40	
(c) Total Receipts (from Line 19) .....	16943.32	19821.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	18418.72	23280.21
7. Total Disbursements (from Line 31) .....	12718.00	17579.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5700.72	5700.72
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	8000.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Conservative Action Fund**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
03	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y
03	/	31	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2404.00

2479.00

(ii) Unitemized .....

12783.32

14906.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

15187.32

17385.32

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

15187.32

17385.32

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1756.00

2436.60

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

16943.32

19821.92

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

16943.32

19821.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	11861.24	15462.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11861.24	15462.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	315.00	390.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	500.00	1000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	41.76	51.76
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	41.76	51.76
29. Other Disbursements .....	0.00	675.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12718.00	17579.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12718.00	17579.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15187.32	17385.32
34. Total Contribution Refunds (from Line 28(d)) .....	41.76	51.76
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15145.56	17333.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	11861.24	15462.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	11861.24	15462.73

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. KATHY ADUBATO**

Mailing Address 1028 WEAVER DRIVE

City

OVIEDO

State

FL

Zip Code

32765-7029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

Transaction ID : SA11.262164

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**B. MICHAEL ALBANO**

Mailing Address 4522 LOST TRAIL

City

ROCKFORD

State

IL

Zip Code

61101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : SA11.262177

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR WARD FOR  
SENATE, COMMITTEE ID C00581843

Full Name (Last, First, Middle Initial)

**C. DENNIS ALTOM**

Mailing Address 199 TIMBER MILL

City

THE WOODLANDS

State

TX

Zip Code

77380-1486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : SA11.262180

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR WARD FOR  
SENATE, COMMITTEE ID C00581843**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 7 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. MIGUEL M AZAR**

Mailing Address 6609 FIELD WAY

 City  
 EDINA

 State  
 MN

 Zip Code  
 55436-1716

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.262181**

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

 EARMARKED CONTRIBUTION FOR WARD FOR  
 SENATE, COMMITTEE ID C00581843

Full Name (Last, First, Middle Initial)

**B. VERLIN BATTLE**

Mailing Address 795 ASBURY RD

 City  
 CANDLER

 State  
 NC

 Zip Code  
 28715-8423

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NC DOC

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

**Transaction ID : SA11.262152**

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

 EARMARKED CONTRIBUTION NOT TIMELY  
 FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**C. BILL BEAMGARD**

Mailing Address 503 N 3RD

 City  
 ATWOOD

 State  
 KS

 Zip Code  
 67730-1640

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

WIFE

Occupation

HONY DEW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2016

**Transaction ID : SA11.262153**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

 EARMARKED CONTRIBUTION NOT TIMELY  
 FORWARDED. TO BE REFUNDED.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. KIRK BERGGREN**

Mailing Address 11917 GILLETTE ST

City

OVERLAND PARK

State

KS

Zip Code

66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2016

**Transaction ID : SA11.262149**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**B. ALEX CAMPBELL**

Mailing Address 11634 N 105TH AVE

City

SUN CITY

State

AZ

Zip Code

85351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WPS

Occupation

LABOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

**Transaction ID : SA11.262165**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**C. EVELYN CATANO**Mailing Address 33600 GLOBE DR.  
33600 GLOBE DR.

City

SPRINGVILLE

State

CA

Zip Code

93265-9721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2016

**Transaction ID : SA11.262160**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

## **A. VICTOR CECIL**

Mailing Address 3750 S LE BEAUX PL

City  
TUCSON

State Zip Code  
AZ 85730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

03 / 16 / 2016

Transaction ID : SA11.262161

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

## **B. BARBARA CLEVELAND**

Mailing Address 10402 FOREST GLEN PLACE

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 17 / 2016

Transaction ID : SA11.261963

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. CHARLES DOHERTY**

Mailing Address 267 126TH AVE

City  
TREASURE ISLAND

State Zip Code  
FL 33706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 03 / 2016

Transaction ID : SA11.262178

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR WARD FOR  
SENATE, COMMITTEE ID C00581843

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. MS. DARIAN DOWNS**

Mailing Address 8483 PORTLAND PLACE

City  
MCLEANState Zip Code  
VA 22102FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2		2	0	1	6		

**Transaction ID : SA11.261874**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. LAWRENCE FARGHER**Mailing Address 830 KIELY BLVD. #200  
830 KIELY BLVD #200City  
SANTA CLARAState Zip Code  
CA 95051-5373FEC ID number of contributing  
federal political committee.

C

Name of Employer

REALCOM ASSOCIATES ( SELF)

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	5		2	0	1	6	

**Transaction ID : SA11.262166**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**C. CLIFFORD FRASER**

Mailing Address 5855 BOYDSTON ROAD

City  
GROOMState Zip Code  
TX 79039-3102FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER-RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	1		2	0	1	6	

**Transaction ID : SA11.262182**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR WARD FOR  
SENATE, COMMITTEE ID C00581843**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 33  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. GEORGE FRASER**

Mailing Address 5431 NW 41ST TERRACE

City State Zip Code  
 BOCA RATON FL 33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2016

**Transaction ID : SA11.261873**

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. CHARLES GILI**

Mailing Address 3906 AVENUE R

City State Zip Code  
 BROOKLYN NY 11234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NA

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2016

**Transaction ID : SA11.262167**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**C. ROLAND R. ILSEN**

Mailing Address 6847 ABBOTTSWOOD DR.

City State Zip Code  
 RANCHO PALOS VERDE CA 90275-3058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2016

**Transaction ID : SA11.262176**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR FRIENDS OF  
DAVE BRAT, INC, C00554949

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. PETER C. JACKSON**

Mailing Address 267 LITCHFIELD LANE

City  
HOUSTONState  
TXZip Code  
TTO24FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2016

Transaction ID : SA11.262162

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**B. MR. CHARLES W. KASTNER**Mailing Address 1805 FRAZIER AVE  
1805 FRAZIER AVECity  
AUSTINState  
TXZip Code  
78704-4032FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

29.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2016

Transaction ID : SA11.262168

Amount of Each Receipt this Period

29.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**C. JAMES LEFTWICH**

Mailing Address 2909 LOMA VISTA RD

City  
VENTURAState  
CAZip Code  
93003FEC ID number of contributing  
federal political committee.

C

Name of Employer

ROGERS PHARMACY

Occupation

PHARMACIST/FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2016

Transaction ID : SA11.261872

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

284.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. ROBERTA MALKIEWICZ**

Mailing Address 648 LAFAYETTE AVENUE

City  
TRENTON

State Zip Code  
NJ 08610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAMILY AND THE LORD

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 01 2016

**Transaction ID : SA11.262183**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR WARD FOR  
SENATE, COMMITTEE ID C00581843

Full Name (Last, First, Middle Initial)

**B. LAWRENCE MORROW**

Mailing Address 925 E.TURNEY AVE.  
#2

City  
PHOENIX

State Zip Code  
AZ 85014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 15 2016

**Transaction ID : SA11.262169**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**C. LEE NASHOLD**

Mailing Address 5331 DERRY AVE. STE. A

City  
AGOURA HILLS

State Zip Code  
CA 91301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMERA CAR UNLIMITED

Occupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 15 2016

**Transaction ID : SA11.262170**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. GAIL NYGAARD**

Mailing Address 151 REGENTS PARK

City  
WESTPORTState Zip Code  
CT 06880-5530FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2016

**Transaction ID : SA11.262171**

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**B. GERALD POTTS**

Mailing Address 102 TROMBAY DR.

City  
WILMINGTONState Zip Code  
NC 28412-2040FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

**Transaction ID : SA11.262148**

Amount of Each Receipt this Period

20.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**C. GEORGE RENNER**Mailing Address 12224 E BIRCHWOOD PL  
12224 E BIRCHWOOD PLCity  
CHANDLERState Zip Code  
AZ 85249FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

**Transaction ID : SA11.262184**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR WARD FOR  
SENATE, COMMITTEE ID C00581843**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. BRUCE ROBERTSON**Mailing Address 24703 MCBEE PLACE  
24703 MCBEE PLACECity State Zip Code  
MAGNOLIA TX 77355FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : SA11.262185

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR WARD FOR  
SENATE, COMMITTEE ID C00581843

Full Name (Last, First, Middle Initial)

**B. ROBERT ROWE**

Mailing Address P.O. BOX 50144

City State Zip Code  
SPARKS NV 89435FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2016

Transaction ID : SA11.262154

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**C. PETE SUSENS**Mailing Address 748 PILOT ROAD  
748 PILOT ROADCity State Zip Code  
LAS VEGAS NV 89119FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

MATCHMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2016

Transaction ID : SA11.262155

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

## **A. PATRICIA TAMUCCIO**

Mailing Address 5674 SAGO COURT  
5674 SAGO COURT

City State Zip Code  
NAPLES FL 34129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2016

**Transaction ID : SA11.262172**

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

## **B. CHUCK TEDESCHI**

Mailing Address 40132 178TH ST E

City State Zip Code  
UNINCORPORATED CA 93591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

**Transaction ID : SA11.262179**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR WARD FOR  
SENATE, COMMITTEE ID C00581843

Full Name (Last, First, Middle Initial)

## **C. BRYAN UPDEGRAFF**

Mailing Address 28246 N 128TH DRIVE

City State Zip Code  
PEORIA AZ 85383-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPDEGRAFF CLINIC FOR ALLERGY & DERM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

**Transaction ID : SA11.262175**

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Conservative Action Fund

Full Name (Last, First, Middle Initial)

A. DR. FRANK VARRO

Mailing Address 13334 YAUPON HOLLY LN  
 13334 YAUPON HOLLY LN

City State Zip Code  
 HOUSTON TX 77044-4939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VARRO COUNSELING

Occupation

MINISTER-COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 22 2016

Transaction ID : SA11.262156

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

B. DR. FRANK VARRO

Mailing Address 13334 YAUPON HOLLY LN  
 13334 YAUPON HOLLY LN

City State Zip Code  
 HOUSTON TX 77044-4939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VARRO COUNSELING

Occupation

MINISTER-COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 22 2016

Transaction ID : SA11.262157

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

C. DR. FRANK VARRO

Mailing Address 13334 YAUPON HOLLY LN  
 13334 YAUPON HOLLY LN

City State Zip Code  
 HOUSTON TX 77044-4939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VARRO COUNSELING

Occupation

MINISTER-COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 22 2016

Transaction ID : SA11.262158

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. DAVID WALL**

Mailing Address 7219 HEATHERMORE

City	State	Zip Code
DALLAS	TX	75248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2		2	0	1	6		

Transaction ID : SA11.262174

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**B. JOE WARD**

Mailing Address 4417 SOUTHBRIDGE CT.

City	State	Zip Code
LOUISVILLE	KY	40272-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOVERNMENT

Occupation

DISABLED VETERAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5		2	0	1	6		

Transaction ID : SA11.262173

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

**C. ALAN WERNECKE**

Mailing Address 23787 TRAILVIEW LN

City	State	Zip Code
TREMPEALEAU	WI	54661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	6		2	0	1	6		

Transaction ID : SA11.262163

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

SUBTOTAL of Receipts This Page (optional)..... ▶

105.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

## **A. MARK WHITE**

Mailing Address 1494 HERSHAL LYLES RD

City State Zip Code  
 WESTMORELAND TN 37186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11.262159**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

## **B. DENNIS WILHAM**

Mailing Address 583 KAMOKU ST.  
 APT. 3605

City State Zip Code  
 HONOLULU HI 96826-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11.262150**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

Full Name (Last, First, Middle Initial)

## **C. DENNIS WILHAM**

Mailing Address 583 KAMOKU ST.  
 APT. 3605

City State Zip Code  
 HONOLULU HI 96826-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2016

**Transaction ID : SA11.262151**

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION NOT TIMELY  
FORWARDED. TO BE REFUNDED.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. DENNIS WILHAM**

Mailing Address 583 KAMOKU ST.  
APT. 3605

City State Zip Code  
HONOLULU HI 96826-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11.262186

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED CONTRIBUTION FOR WARD FOR  
SENATE, COMMITTEE ID C00581843

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5.00

2404.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 33

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

## **A. POLITICAL LIST BROKERS LLC**

Mailing Address 107 S WEST ST

PMB 826

City

ALEXANDRIA

State

VA

Zip Code

22314-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016

Transaction ID : SA17.82831

Amount of Each Receipt this Period

1756.00

☐ Memo Item

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1756.00

1756.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Conservative Action Fund

### A. AMERICAN ACTION NEWS

Mailing Address 203 S UNION ST  
SUITE 300

City	State	Zip Code
ALEXANDRIA	VA	22314

### Purpose of Disbursement

#### ONLINE ADVERTISING FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I82849

Amount of Each Disbursement this Period

618.50

 Memo Item

Full Name (Last, First, Middle Initial)

## B. CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
LIST RENTAL FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I82862

Amount of Each Disbursement this Period

2837.32

 Memo Item

Full Name (Last, First, Middle Initial)

### C. CAMPAIGN SOLUTIONS

Mailing Address 117 N. SAINT ASAPH ST

City	State	Zip Code
ALEXANDRIA	VA	22314

### Purpose of Disbursement

#### LIST RENTAL FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I82863

Amount of Each Disbursement this Period

155.25

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3611.07

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 33

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA   State VA   Zip Code 22314

Purpose of Disbursement  
LIST RENTAL FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03   21   2016
**Transaction ID : SB21B.I82864**

Amount of Each Disbursement this Period

11.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N. SAINT ASAPH ST

City ALEXANDRIA   State VA   Zip Code 22314

Purpose of Disbursement  
OUTBOUND POLITICAL ADVOCACY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03   15   2016
**Transaction ID : SB21B.I82865**

Amount of Each Disbursement this Period

3653.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DB CAPITOL STRATEGIES**Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City ALEXANDRIA   State VA   Zip Code 22314-3356

Purpose of Disbursement  
REIMBURSEMENT (SEE BELOW)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03   11   2016
**Transaction ID : SB21B.I82850**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4664.79

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Conservative Action Fund

**A. CD, INC.**

Mailing Address P.O. BOX 1877

City	State	Zip Code
ALEXANDRIA	VA	22313

### Purpose of Disbursement

#### FACEBOOK ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.l82851

Amount of Each Disbursement this Period

1000.00

 Memo Item

Full Name (Last, First, Middle Initial)

## B. DB CAPITOL STRATEGIES

Mailing Address 203 SOUTH UNION STREET  
SUITE 300

City	State	Zip Code
ALEXANDRIA	VA	22314-3356

Purpose of Disbursement	REIMBURSEMENT (SEE BELOW)
-------------------------	---------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I82852

Amount of Each Disbursement this Period

1585.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. CMDI

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
COMPLIANCE SOFTWARE FEES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I82854

Amount of Each Disbursement this Period

1500.00

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1585.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 33

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA   State VA   Zip Code 22314

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016
**Transaction ID : SB21B.I82857**

Amount of Each Disbursement this Period

1388.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA   State VA   Zip Code 22314

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2016
**Transaction ID : SB21B.I82858**

Amount of Each Disbursement this Period

205.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA   State VA   Zip Code 22314

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:   District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2016
**Transaction ID : SB21B.I82859**

Amount of Each Disbursement this Period

61.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1654.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 33

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA      State VA      Zip Code 22314

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 28 / 2016
**Transaction ID : SB21B.I82860**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EDONATION**

Mailing Address 117 NORTH SAINT ASAPH ST

City ALEXANDRIA      State VA      Zip Code 22314

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2016
**Transaction ID : SB21B.I82861**

Amount of Each Disbursement this Period

32.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TRANSAXT**Mailing Address 190 MONROE AVENUE NW  
SUITE 500

City GRAND RAPIDS      State MI      Zip Code 49503

Purpose of Disbursement  
PAYMENT PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2016
**Transaction ID : SB21B.I82871**

Amount of Each Disbursement this Period

58.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.53

11861.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAVE BRAT**

Mailing Address P.O. BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058-5094Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROLAND ILSSEN

Candidate Name

**DAVID ALAN BRAT**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2016

**Transaction ID : SB23.I82869**

Amount of Each Disbursement this Period

50.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228City  
LAKE HAVASUState  
AZZip Code  
86403Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MIGUEL AZAR

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.I82872**

Amount of Each Disbursement this Period

10.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228City  
LAKE HAVASUState  
AZZip Code  
86403Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CLIFFORD FRASER

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.I82873**

Amount of Each Disbursement this Period

25.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM GEORGE RENNER

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.I82874**

Amount of Each Disbursement this Period

100.00
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM ROBERTA MALKIEWICZ

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.I82875**

Amount of Each Disbursement this Period

25.00
-------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM BRUCE ROBERTSON

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.I82876**

Amount of Each Disbursement this Period

10.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS ALTOM

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.I82877**

Amount of Each Disbursement this Period

25.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM DENNIS WILHAM

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.I82878**

Amount of Each Disbursement this Period

5.00
------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHUCK TEDESCHI

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.I82879**

Amount of Each Disbursement this Period

5.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM MICHAEL ALBANO

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

**Transaction ID : SB23.I82880**

Amount of Each Disbursement this Period

10.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WARD FOR SENATE**Mailing Address 1990 MCCULLOCH BLVD N  
#D-228

City LAKE HAVASU State AZ Zip Code 86403

Purpose of Disbursement  
EARMARKED CONTRIBUTION FROM CHARLES DOHERTY

Candidate Name

**KELLI WARD**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

**Transaction ID : SB23.I82881**

Amount of Each Disbursement this Period

50.00
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00
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315.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Conservative Action Fund**

Full Name (Last, First, Middle Initial)

**A. WALLACE, JORDAN, RATLIFF, & BRANDT, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

Mailing Address 800 SHADES CREEK PKWY  
#400

City BIRMINGHAM State AL Zip Code 35209

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Category/  
Type**Transaction ID : SB26.I82866**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo ItemOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

☐ Memo ItemOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

☐ Memo ItemOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

500.00
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**TOTAL** This Period (last page this line number only).....▶

500.00
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**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 OF 33

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Conservative Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wallace, Jordan, Ratliff &amp; Brandt, LLC

Nature of Debt (Purpose):

Legal services

Mailing Address 800 SHADES CREEK PKWY  
#400City State Zip Code  
BIRMINGHAM AL 35209

Outstanding Balance Beginning This Period

8500.00

Transaction ID : 201601311

Amount Incurred This Period

0.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

8000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

8000.00

2) **TOTALS** This Period (last page this line number only)..... ►

8000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

8000.00